



**Louisiana State Board of Social Work
Examiners**

18550 Highland Road, Suite B

Baton Rouge, LA 70809

Phone: 225-756-3470 or 1-800-521-1941 (in LA)

Fax: 225-756-3472

Website: www.labswe.org

Email: socialwork@labswe.org

**Verification of Licensure, Certification or Registration in
Other State/Province**

Directions for Applicant:

Complete front portion of form and forward one to each state/province where you hold or have held a license, certification or registration to practice social work. You are responsible for all fees relative to verifying your credential and verifying the requirements you completed to obtain that credential. Also, submit a copy of the state licensing law to the Louisiana State Board of Social Work Examiners from each state/province where license, certification or registration was held.

_____ State Board/Province

I am applying for a license, certification or registration to practice social work in Louisiana based on endorsement. I was granted license, certification or registration # _____ on _____ by the State/Province of _____.

The Louisiana State Board of Social Work Examiners requires official verification directly from the credentialing body that my license, certification or registration in the State/Province of _____ is in good standing.

You are hereby authorized to release any information in your files, favorable or otherwise, directly to the Louisiana State Board of Social Work Examiners. Your prompt attention will be appreciated.

Signature: _____

Print Name: _____

Date: _____

Directions for State Board:

Please complete and return the original form to the Louisiana State Board of Social Work Examiners, 18550 Highland Road, Suite B, Baton Rouge, LA 70809.

Name: _____

Title Granted: _____

License #: _____ Date Issued: _____

Please verify the requirements met:

_____ Bachelor's Degree from an accredited school of social work.

_____ Master's Degree from an accredited school of social work.

_____ 5,760 hours of post master's social work experience of which 3,840 hours was under supervision, and at least 96 hours of face-to-face supervision was provided. If not, describe the supervision received:

Description of the supervisor's credentials:

Exam: _____ State Constructed Exam

*Attach copy
of score report. _____ PES (Certified Social Work Exam)

_____ ASWB _____ Level

_____ Endorsement-State/Province _____

_____ Grandfather

License Current: _____ Yes _____ No Expiration Date: _____

Critical Information: _____ Yes _____ No

Current or Past Disciplinary Action: _____ Yes *Attach copy of report _____ No

Remarks: _____

State Board/Province
Seal

Signature _____

Print Name _____

Title _____ Date _____